

## IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant:

Joseph SCHLESSINGER et al.

Title:

NOVEL RECEPTOR-TYPE PHOSPHOTYROSINE PHOSPHATASE-ALPHA

Prior Appl. No.:

09/280,597

Prior Appl.

Filing Date:

3/29/1999

Examiner:

Unassigned

Art Unit:

Unassigned

## **CONTINUING PATENT APPLICATION** TRANSMITTAL LETTER

Mail Stop PATENT APPLICATION Commissioner for Patents PO Box 1450 Alexandria, Virginia 22313-1450

Sir:

Transmitted herewith for filing under 37 C.F.R. § 1.53(b) is a:

[] Continuation [X] Division [] Continuation-In-Part (CIP)

of the above-identified copending prior application in which no patenting, abandonment, or termination of proceedings has occurred. Priority to the above-identified prior application is hereby claimed under 35 U.S.C. § 120 for this continuing application. The entire disclosure of the above-identified prior application is considered as being part of the disclosure of the accompanying continuing application and is hereby incorporated by reference therein.

## Enclosed are:

- Application Data Sheet (37 CFR 1.76). [X]
- [X]Preliminary Amendment.
- Specification, Claim(s), and Abstract (74 pages). [X]
- Formal drawings (14 sheets, Figures 1-8 (3)). [X]
- Sequence Listing (paper copy). [X]



- [X] Copy of Declaration and Power of Attorney (from Prior Application).
- [X] Copy of Assignment of the invention to New York University (from Prior Application).
- [X] Information Disclosure Statement.
- [X] Form PTO/SB/08 (from Prior Application).

The filing fee is calculated below:

	Claims	I	ncluded i	n	Extra				Fee
	as Filed	]	Basic Fee	<b>:</b>	Claims		Rate		Totals
Basic Fee					-		\$750.00		\$750.00
Total Claims:	35	-	20	=	15	X	\$18.00	=	\$270.00
Independ ents:	3	-	3	_ =	0	x	\$84.00	=	\$0.00
If any Multiple Dependent Claim(s) present: + \$280.00					=	\$0.00			
						SU	JBTOTAL:	=	\$1020.00
[]	Sm	all E	ntity Fee	s Apj	ply (subtra	act ½	of above):	=	\$0.00
TOTAL FILING FEE:						=	\$1,020.00		
TOTAL FEE							=	\$1,020.00	

- [X] A check in the amount of \$1,020.00 to cover the filing fee and additional claims fee is enclosed.
- [X] The Commissioner is hereby authorized to charge any additional fees which may be required regarding this application under 37 C.F.R. §§ 1.16-1.17, or credit any overpayment, to Deposit Account No. 19-0741. Should no proper payment be enclosed herewith, as by a check being in the wrong amount, unsigned, post-dated, otherwise improper or informal or even entirely missing, the Commissioner is authorized to charge the unpaid amount to Deposit Account No. 19-0741.

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Respectfully

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